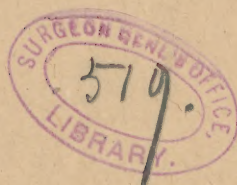


FOSTER (W.D.)

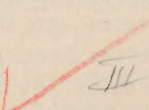
*Clinical Contribution
to the Surgery of the Appendix
Vermiformis x x x x x x*



FOSTER (W.D.)

Clinical Contribution to the
Surgery of the Appendix Vermiformis
Right Inguinal Hernia
Operation—Recovery



BY 
WM. DAVIS FOSTER, M.D.,
KANSAS CITY, MO.



HUDSON-KIMBERLY PUB. CO. K. C.



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CLINICAL CONTRIBUTION TO THE SURGERY OF THE
APPENDIX VERMIFORMIS—RIGHT INGUINAL
HERNIA—OPERATION—RECOVERY.

BY WM. DAVIS FOSTER, M.D.,
KANSAS CITY, MO.

U.S.
MISS BELLE R., aet. 30, native of ~~Great Britain~~ *U.S.* History of undisturbed good health. Patient states that she has an enlargement in the right inguinal region, which has been gradually increasing in size, and is now as large as a goose egg. Recently the growth has been more rapid, and at the instigation of friends, who fear trouble from it, she now seeks advice. When first discovered, about two years ago, the neoplasm was of the size of a plum. There has never been in or about the tumor any pain, soreness, or discomfort of any sort. The stools have been and continue to be normal, without pain, and regular; the menses are normal.

Examination reveals a fluctuating tumor over inguinal region, freely movable; not sensitive to pressure; could not be returned to abdominal cavity by manipulation and does not diminish in size upon lying down, nor increase upon standing.

Operation.—May 17, 1894, under full anesthesia at Scarritt Hospital, assisted by Drs. J. H. Holland and W. L. Ray, the operative field having been properly prepared, the operation was commenced by an incision in the direction of the long diameter of the tumor and directly over it, about two inches in length, through the integument and fascia; the tumor was separated from its attachments down to its origin or neck, which, after careful dissection, was found to pass into the abdominal rings and enter the abdominal cavity. Careful but firm traction having failed to loosen the

deeper attachments of the tumor, the abdomen was freely opened, whereupon the tumor was discovered to be closely adherent to the remains (about three-fourths of an inch in length) of the appendix vermiformis. This part of the appendix appeared to be of normal character. A stout silk ligature was applied around the appendix close to the cecum, and the tumor cut away about one-fourth of an inch beyond the ligature and the entire mass removed. The stump was touched freely with pure carbolic acid, the end inverted the serous surfaces carefully coaptated with fine cat-gut sutures and dropped into the abdominal cavity, the redundant peritoneum composing the sac was tied and cut away, the abdominal cavity thoroughly irrigated with hot water, a glass drainage-tube inserted, the peritoneum closed with fine silkworm-gut, the rings were closed with a separate row of sutures of the same material, and the overlying tissues with still another row of fine silver wire sutures—one on each side of the drainage-tube being left slack to facilitate the removal of the tube. The usual dressings were then applied. At the end of twenty-four hours the tube was found to be dry and was removed. A strip of iodoform gauze was inserted into the cavity formerly occupied by the tube, which, on the following day, was removed, the two wires twisted down tight and dressings reapplied. The wires were removed on the ninth day, union being sound in the entire line of incision.

Comments.—The convalescence was so uneventful as to attract no special notice. Patient left the hospital at the end of twenty-eight days. The temperature did not at any time reach 100° Fahrenheit; no increase in pulse rate. There was no nausea or vomiting from chloroform.

This tumor, which proved to be a hernia, was composed of that part of the appendix which had prolapsed through the abdominal rings, and contained in its dilated cavity about two ounces of bloody serum. The sac contained no intestine, no mesentery, no omentum—nothing, indeed, but the hypertrophied and dilated appendix vermiformis. The case appears to the writer to be so novel that it is thought worthy of permanent record. So far as examined, the surgical archives contain no reports of cases of similar character. The specimen is in the Homeopathic Medical College museum.

